

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Chronic Renal Services

STATUTORY AUTHORITY:

N.J.S.A. Title 26:2-87

GRANT PROGRAM NO. 07-59-CR

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To extend financial assistance in obtaining select medications and nutritional supplements to eligible persons on chronic renal dialysis.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$455,000 should be available in SFY2007 to fund one award. It is expected that the award will begin on or about July 1, 2006 and end June 30, 2007. Funding estimates may vary and are subject to the Annual Appropriation Act.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

TheTransAtlantic Renal Council was awarded this grant for a 3 year project period from July 1, 2005 through June 30, 2008. State fiscal year 2006-2007 is year 2 of the 3 year project period.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Non-profit status. Applicants must demonstrate the capability of administering State funds and experience in administering a web based system of reimbursement.

APPLICATION PROCEDURES:

Submission of completed Application for Grant.

FOR INFORMATION CONTACT:

Elizabeth Solan, R.N., M.P.H.
Division of Family Health Services
P.O. Box 364, 50 East State Street
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-6137

FAX: (609) 292-9288

E-MAIL: Elizabeth.Solan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications are due by April 1, 2006.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified regarding funding by June 15, 2006.